



2016 Registered Nurse Workforce Survey

Information to Grow Wisconsin's Workforce!

The Registered Nurse Workforce Survey was created to collect critical information on the nursing profession in Wisconsin. Your careful survey responses will be used to help plan future nursing care for the people of Wisconsin.

The Survey is designed to be as **simple and quick** as possible while gathering **critical information** about the RN Workforce. Your responses are important for an accurate representation of nursing in Wisconsin.

Thank you for taking the time to participate in this important survey

The survey may take between 10 to 20 minutes. **You will not be asked every question in the survey.** The information you provide will determine the questions asked.

No personal information or information from your license is attached to your survey responses.

Please have the following information available before you begin:

1. The year you received your **first RN license**. To find this date, go to <https://app.wi.gov/LicenseSearch/>
2. The year(s) you received your **diploma(s)**
3. Country or county and zip code of your current place(s) of work.

Complete, and return the survey and signed affidavit to DSPS:

Fax: 608-251-3036
Email: DSPSRenewal@wisconsin.gov
Mail: DSPS – Renewal Unit
PO Box 8935
Madison, WI 53708-8935

If you have questions concerning your license renewal, payment or you are experiencing technical difficulties while taking the survey, please contact the Department of Safety and Professional Services (DSPS) at DSPSRenewal@wisconsin.gov or by calling 608-266-2112. Please allow 2-3 business days for assistance. **Please note that making multiple requests for assistance slows down agency response time.**

Use the email address NursingSurvey@dwd.wisconsin.gov if you need help answering the survey questions, or have additional comments or suggestions. **This email address is active only during the open renewal period.**

LICENSING, EDUCATION, AND TRAINING INFORMATION

Licensing

1. In what **country** were you initially licensed as a nurse?

☐ U.S.
☐ Another Country

2. In what year did you obtain your **initial** U.S. licensure as an RN?

_____ Enter a 4-digit year between 1930 and 2016

3. In what year did you obtain your first **Wisconsin** license as an RN?

_____ Enter a 4-digit year between 1930 and 2016
(To look up first year of licensure go to <https://app.wi.gov/LicenseSearch/>)

Education

4. For each of the following **nursing diplomas or degrees** you have received, please enter the year you received the diploma or degree.

Enter a 4-digit year between 1930 and 2016 for all that apply:

_____ Practical Nursing or Vocational Nursing Diploma
_____ Diploma in Nursing
_____ Associate Degree in Nursing
_____ Bachelor Degree in Nursing
_____ Bachelor Degree in a related field
_____ Master's Degree in Nursing or related health field
_____ Master's Degree in a related health field
_____ Doctor of Nursing Practice
_____ Doctor of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)
_____ PhD in Nursing
_____ PhD in a related field

5. For your most recent degree, did you receive the degree from a Wisconsin based college or university?

☐ Yes
☐ No

6. Please indicate your plans for further education:
(Select only one response)

☐ I have no plans for additional nursing studies
☐ Currently enrolled in a BSN program
☐ Currently enrolled in a Master's degree program in nursing
☐ Currently enrolled in a Master's degree program in a related health field
☐ Currently enrolled in a Doctor of Nursing Practice program
☐ Currently enrolled in a Nursing PhD program
☐ Currently enrolled in a PhD program in a related field
☐ Currently enrolled in a non-degree specialty certification program
☐ Plan to pursue further education in nursing in the next two years

7. What are the **two greatest challenges** you face or anticipate in pursuing higher nursing education? (Select at most only two responses)

☐ None
☐ Commuting distance to educational program
☐ Cost of lost work time and benefits
☐ Cost of tuition, materials, books etc.
☐ Family/personal reasons
☐ Lack of flexibility in work schedule
☐ Limited access to online learning or other online resources
☐ Scheduling of educational programs offered
☐ Other, not listed

Training

8. Have you received training in emergency preparedness and response (such as Incident Command System (ICS) 100, 200, 700; Hazardous Materials, etc.)?
(Check all that apply)

☐ No
☐ Yes I have received this training from my employer.
☐ Yes I have received this training from a voluntary organization (e.g. Red Cross)
☐ Yes other.

9. Have you applied training in emergency preparedness and response? (Check all that apply)

☐ No
☐ Yes, I have participated in an emergency preparedness and response exercise in the last two years
☐ Yes, I have responded to an actual emergency, incident, or major disaster within the last two years

10. Are you a member of the following: (Check all that apply)

- ☐ Wisconsin Emergency Assistance Volunteer registry (WEAVR)
- ☐ Medical Reserve Corps (MRC) unit
- ☐ No, I am not a member

CURRENT EMPLOYMENT INFORMATION

Please take into account **only your current employment status** while answering the following questions. **Do not include unpaid volunteer work.**

11. Please indicate your employment status:
(Select only one response)

- ☐ Actively working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)
- ☐ Actively working in health care, not nursing
- ☐ Actively working in another field
- ☐ Unemployed, seeking work in nursing
- ☐ Unemployed, seeking work in another field
- ☐ Unemployed, not seeking work
- ☐ Retired

12. Has your employment status changed during the past year?
(If you have experienced more than one change, please **select the most significant change.**)

- ☐ No change in employment status
- ☐ Yes I changed the number of hours worked
- ☐ New position with the same employer
- ☐ New position with a different employer
- ☐ I was not working as a registered nurse, but am now in a registered nursing job
- ☐ I was working as a registered nurse but I am no longer working as a registered nurse
- ☐ Other

13. Which of the following factors was the most important in your change in employment during the past year? (Select only one response)

- ☐ Not applicable
- ☐ I retired
- ☐ Childcare responsibilities
- ☐ Other family responsibilities
- ☐ Salary/medical or retirement benefits
- ☐ Laid off
- ☐ Change in spouse/partner work situation
- ☐ Change in financial status

- ☐ Relocation/moved to a different area
- ☐ Promotion/career advancement
- ☐ Change in my health status
- ☐ Seeking more convenient hours
- ☐ Dissatisfaction with previous position
- ☐ Other

NURSING CAREER INFORMATION

Please take into account **all your nursing work experiences, including unpaid volunteer nursing work**, when answering the questions in this section.

14. Please indicate any of the clinical areas listed below in which you have specialized knowledge and/or experience of two or more years:
(Check all that apply)

- ☐ None
- ☐ Acute Care /Critical Care/Intensive Care
- ☐ Addiction/ AODA/Substance Abuse
- ☐ Adult Health
- ☐ Anesthesia
- ☐ Cardiac Care
- ☐ Community Health
- ☐ Corrections
- ☐ Dialysis/Renal
- ☐ Emergency/Trauma
- ☐ Family Health
- ☐ Geriatrics/Gerontology
- ☐ Home Health
- ☐ Hospice Care/ Palliative Care
- ☐ Labor and Delivery
- ☐ Maternal-Child Health
- ☐ Medical-Surgical
- ☐ Neonatal Care
- ☐ Obstetrics/Gynecology
- ☐ Occupational Health/Employee Health
- ☐ Oncology
- ☐ Pediatrics
- ☐ Parish/Faith Community
- ☐ Public Health
- ☐ Psychiatric/Mental Health
- ☐ Rehabilitation
- ☐ Respiratory Care
- ☐ School Health (K-12 or post-secondary)
- ☐ Surgery/Pre-op/Post-op/ PACU

- ☐ Women's Health
- ☐ Other, not listed

15. Please indicate the specialties in which you hold **current** national board certification:
(Check all that apply)

- ☐ I am not certified
- ☐ Acute Care/Critical Care
- ☐ Addiction/AODA
- ☐ Adult Health
- ☐ Ambulatory Care Nursing
- ☐ Anesthesia (CRNA)
- ☐ Cardiac Rehabilitation Nursing
- ☐ Cardiac-Vascular Nursing
- ☐ Case Management Nursing
- ☐ College Health Nursing
- ☐ Community Health
- ☐ Diabetes Management - Advanced
- ☐ Domestic Violence/Abuse Response
- ☐ Emergency Nursing (CEN®, CFRN®)
- ☐ Family Health
- ☐ Family Planning
- ☐ Gastroenterology (CGRN)
- ☐ General Nursing Practice
- ☐ Gerontological Nursing
- ☐ High-Risk Perinatal Nursing
- ☐ Home Health Nursing
- ☐ Hospice and Palliative Nursing (CHPN®, ACHPN®)
- ☐ Informatics Nursing
- ☐ Infusion Nursing (CRNI)
- ☐ Legal Nurse Consultant (LNCC®)
- ☐ Medical-Surgical Nursing
- ☐ Medical-Surgical Nursing (CMSRN®)
- ☐ Neonatal
- ☐ Nephrology (CNN, CDN)
- ☐ Neurology (CNRN)
- ☐ Nurse Educator (CNE)
- ☐ Nurse Executive (CENP)
- ☐ Nurse Executive - Advanced
- ☐ Nurse Manager and Leader (CNML)
- ☐ Nursing Case Management
- ☐ Nursing Professional Development
- ☐ OB/GYN/Women's Health Care
- ☐ Occupational Health (COHN)

- ☐ Orthopedic Nursing (ONC®)
- ☐ Oncology Nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®)
- ☐ Parish Nurse
- ☐ Perianesthesia (CPAN®, CAPA®)
- ☐ Peri-Operative (CNOR®)
- ☐ Pain Management
- ☐ Pediatric Nursing
- ☐ Perinatal Nursing
- ☐ Public/Community Health
- ☐ Public Health Nursing-Advanced (APHN)
- ☐ Psychiatric & Mental Health Nursing
- ☐ Psychiatric & Mental Health Nursing-Advanced (APMHN)
- ☐ Radiology/Invasive Procedures Lab
- ☐ Rehabilitation (CRRN®)
- ☐ Respiratory/Pulmonary Care
- ☐ School Nursing
- ☐ School Nursing (NCSN®)
- ☐ Transplant
- ☐ Wound/Ostomy Nursing (CWOCN, CWCN, COCN, CCCN, CWON)
- ☐ Other, not listed

16. Which of the following factors best captures the **single most important factor** in your career decisions today?

- ☐ I am retired/not working
- ☐ Level of personal satisfaction/ collegial relationships
- ☐ Family/personal issues
- ☐ Pay
- ☐ Medical Benefits
- ☐ Retirement benefits
- ☐ Hours/shift availability
- ☐ Potential for advancement
- ☐ Employer supported education options
- ☐ Worksite location
- ☐ Physical work requirements
- ☐ Physical disability
- ☐ Other

17. How much longer do you plan to work in your present type of employment?
(Select only one response)

- ☐ Not applicable
- ☐ Less than 2 years
- ☐ 2-4 years

- ☐ 5-9 years
- ☐ 10-19 years
- ☐ 20-29 years
- ☐ 30 or more years

18. In which setting(s) do you have a designated/appointed/ or elected formal leadership role?
(Check all that apply)

- ☐ Work Area (e.g. Charge Nurse, Team Leader, Unit Manager)
- ☐ Organizational Level (e.g. Dean, CNO, Director)
- ☐ Governance Board (e.g. Board of Trustees)
- ☐ Public Official (e.g. County Board of Supervisors, state legislator)
- ☐ Chair of major committee in the organization of your primary position
- ☐ None

19. If you are **not engaged** in a leadership role, what are the **two most** significant barriers?
(Select at most two responses)

- ☐ Does not apply (If you check this please continue to the next question)
- ☐ Lack of leadership development/preparation
- ☐ Lack of opportunity
- ☐ Other personal priorities
- ☐ Presently, I am not interested in a leadership role

20. In your career, how many years have you worked as a Registered Nurse providing **direct patient care**?

Direct patient care (DPC) is defined as, *“To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.”* Examples include providing treatments, counseling, patient education or administration of medication.

_____ Number of years

21. If you presently provide direct patient care, how much longer do you plan to work providing direct patient care?

- ☐ Does not apply
- ☐ Less than 2 years
- ☐ 2-4 years
- ☐ 5-9 years
- ☐ 10-19 years
- ☐ 20-29 years
- ☐ 30 or more years

22. How many separate nursing jobs do you currently have?
(Including unpaid volunteer nursing work)

_____ Number of jobs

If you answered 0 jobs to this question, please skip to the UNEMPLOYED SECTION, Question 61.

PRINCIPAL PLACE OF WORK

Please respond to the following questions by referring to your principal place of work (the place where you work the most hours), **even if this work is unpaid or voluntary.**

23. Which of the following categories best describes your job at your principal place of work?
(Select only one response)

- ___ Nursing
- ___ Health related services outside of nursing
- ___ Retail sales and services
- ___ Nursing education
- ___ Financial, accounting, and insurance processing staff
- ___ Consulting
- ___ Other
- ___ I am not working at the present time.

If not working, please skip to the UNEMPLOYED SECTION, Question 61.

24. Does this job require licensure as a Registered Nurse?

- ___ Yes
- ___ No

25. Which of the following categories best describes your employment at this job?
(Select only one response)

- ___ A regular employee
- ___ Self-employed
- ___ Employed through a temporary employment service agency
- ___ Travel nurse or employed through a traveling nurse agency
- ___ Volunteer

26. What is the zip code of your **principal place of work**?
(If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

Zip code (if in the U.S.) _____(5 digits only)

___ Outside of U.S.

27. If you work in Wisconsin, in what county is your principal place of work located?

___ Does not apply

Specify name of Wisconsin county: _____

28. What is your current employment basis for this principal position?

(Select only one response)

___ Full time, salaried

___ Full time, hourly wage

___ Part time, salaried

___ Part time, hourly wage

___ Per diem (called as needed)

___ Volunteer

29. In this job, how many hours do you work in a **typical day**?

(Do not include time spent on-call.)

_____ Number of hours

30. In this job, on average how many days do you work in a **two week time period**?

(Do not include time spent on-call.)

_____ Number of days

31. For what reason would you work more than your scheduled hours for the two week time period?

(Select only one response)

___ I am salaried

___ I have agreed to this as part of my employment

___ I am required to work the additional hours (not on-call)

___ I am required to work the additional hours (on-call)

___ I may voluntarily agree to work the additional hours

32. How many weeks did you work (including paid vacations) in calendar year 2015?

_____ Number of weeks

33. Does your compensation from your principal working position include:

(Check all that apply)

- ☐ Retirement plan
- ☐ Dental insurance
- ☐ Personal health insurance
- ☐ Family health insurance
- ☐ None

34. How long have you worked in your principal job?

_____ Number of years (please round up to the nearest year)

35. In your current role, is your **primary** function to provide **direct patient care**?

Direct patient care (DPC) is defined as, *“To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.”* Examples include providing treatments, counseling, patient education or administration of medication.

(Select only one response)

- ☐ Yes
- ☐ No

36. Which one of the following **best** describes your position or function at your principal place of work? (Select only one response)

- ☐ Staff Nurse
- ☐ Case manager/Care Coordinator
- ☐ Staff Other Non-Medical Industry
- ☐ Nurse Manager
- ☐ Manager Other Non-medical industry
- ☐ Advanced Practice Nurse
- ☐ Consultant/Contractor
- ☐ Administrator
- ☐ Nurse Executive
- ☐ Nurse Faculty
- ☐ Nurse Researcher
- ☐ Other

37. Please select **only one** in the categories below as best describing your **principal place of work**.
(The headings are intended as guides only)

Hospital (Medical/Surgical, AODA/Psychiatric, Long-Term Acute Care)

- ☐ Hospital, emergency/urgent care
- ☐ Hospital, 24 hour inpatient unit (other than intensive care or obstetrics)
- ☐ Hospital, outpatient/ambulatory care
- ☐ Hospital, obstetrics
- ☐ Hospital, intensive care
- ☐ Hospital, inpatient mental health/substance abuse
- ☐ Hospital, long-term acute care
- ☐ Hospital, perioperative services (OR, PACU, and others)
- ☐ Hospital, other departments
- ☐ Hospital, I work in several/all hospital units

Extended Care (Nursing, Hospice, CBRF, RCAC, and AFH Facilities)

- ☐ Nursing Facility
- ☐ Skilled Nursing Facility (nursing care to residents that require some medical attention and continuous skilled nursing observation)
- ☐ Hospice facility
- ☐ Intermediate Care Facility of the Intellectually Disabled (ICF-ID)
- ☐ Assisted Living Facility (CBRF, Community Based Residential Facility)
- ☐ Assisted Living Facility (RCAC, Residential Care Apartment Complexes)
- ☐ Adult Family Homes (AFH/Group Home)

Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)

- ☐ Medical practice, clinic, physician office,
- ☐ Surgery center, dialysis center
- ☐ Urgent care, not hospital-based
- ☐ Outpatient mental health/substance abuse
- ☐ Correctional facility, prison or jail (federal, state or local)
- ☐ Occupational health or employee health service

Home Health (Private Home)

- ☐ Home health agency
- ☐ Home health service
- ☐ Hospice

Public/Community Health

- ☐ Public health (governmental: federal, state, or local)
- ☐ Community health centers, agencies and departments
- ☐ Parish nurse services
- ☐ School health services (K-12, college and universities)

Nurse/Educator

- ☐ Education- Universities
- ☐ Education Technical Colleges
- ☐ Education Hospital/Health System

Other (Insurance, call center etc.)

- ☐ Call center/tele-nursing center
- ☐ Government agency other than public/community health or corrections
- ☐ Non-governmental health policy, planning or professional organization
- ☐ Insurance Company Claims/Benefits
- ☐ Sales (pharmaceutical, medical devices, software, etc.)
- ☐ Self-employed/consultant
- ☐ Other

38. Is this a federally owned facility?

- ☐ Yes
- ☐ No

39. Is this a tribal facility?

- ☐ Yes
- ☐ No

SECONDARY PLACE OF WORK

40. Do you have a secondary place of work?

- ☐ Yes
- ☐ No

If No, please skip this section and go to the ADVANCED PRACTICE NURSING section, and start with Question 48.

Please respond to the following questions by referring to your secondary **place of work even if this is unpaid voluntary work.**

41. Which of the following categories best describes your job at your secondary place of work?

- ☐ Nursing
- ☐ Health related services outside of nursing
- ☐ Retail sales and services
- ☐ Nurse Education
- ☐ Financial, accounting, and insurance processing staff
- ☐ Consulting
- ☐ Other

42. Does this job require licensure as a Registered Nurse?

- ☐ Yes
- ☐ No

43. What is the zip code of your **secondary place of work**? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

Zip code (if in the U.S.) _____ (5 digits only)
☐ Outside of U.S.

44. If your secondary place of work is in Wisconsin, what county is your secondary place of work located?

☐ Does not apply
Specify name of Wisconsin county: _____

45. In your **secondary** job, how many hours do you work in a **typical day**?
(Do not include time spent on-call.)

_____ Number of hours

46. In your **secondary** job, on average how many days do you work in a **two week time period**?
(Do not include time spent on-call.)

_____ Number of days

47. In this job, how many weeks did you work (including paid vacations) in calendar year 2013?

_____ Number of weeks

ADVANCED PRACTICE NURSING

In Wisconsin, Advanced Practice Nurses (APNs) are legally defined.

- (1) “Advanced practice nurse” means a registered nurse who possesses the following qualifications:
- (a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;
 - (b) The registered nurse is currently certified by a national certifying body approved by the board as a **nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist**; and,
 - (c) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master’s degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.¹

¹**Doctor of Nursing Practice is acceptable alternative to the master’s degree (DSPS position statement)**

- (2) “**Advanced practice nurse prescriber**” means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. [441.16 \(2\)](#), Stats.

For more information refer to the Wisconsin Legislative Documents for Nursing N 8.02 Definitions: https://docs.legis.wisconsin.gov/code/admin_code/n/8/02/1

48. Indicate if you **currently have national certification** as an APN by the definition given in this survey. (Check all that apply)

- ☐ Nurse Practitioner (NP)
- ☐ Certified Nurse Midwife (CNM)
- ☐ Certified Registered Nurse Anesthetist (CRNA)
- ☐ Clinical Nurse Specialist (CNS)
- ☐ Advanced Practice Nurse Prescriber (APNP)
- ☐ None of the above

If None of the above, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

49. If you are a **currently certified Nurse Practitioner (NP)**, please indicate your specialty(s): (Check all that apply)

- ☐ Does not Apply
- ☐ No specialty designation
- ☐ Not currently certified
- ☐ Acute Care NP
- ☐ Adult NP
- ☐ Adult Psychiatric & Mental Health NP
- ☐ College Health NP

- ☐ Diabetes Management NP – Advanced
- ☐ Emergency Nursing NP
- ☐ Family NP
- ☐ Family Planning NP
- ☐ Family Psych & Mental Health NP
- ☐ Gerontological NP
- ☐ Neonatal NP
- ☐ OB-Gyn / Women's Health Care NP
- ☐ Pediatric NP
- ☐ School NP
- ☐ Clinical Nurse Leader (CNL)
- ☐ Other Specialty NP

50. If you are a **currently certified Clinical Nurse Specialist (CNS)**, please indicate your specialty(s): (Check all that apply)

- ☐ Does not Apply
- ☐ No specialty designation
- ☐ Not currently certified
- ☐ Acute and Critical Care CNS-Adult
- ☐ Acute and Critical Care CNS-Pediatric
- ☐ Acute and Critical Care CNS-Neonatal
- ☐ Adult Health CNS
- ☐ Adult Psychiatric & Mental Health CNS
- ☐ Child & Adolescent Psych & Mental Health CNS
- ☐ Diabetes Management CNS – Advanced
- ☐ Home Health CNS
- ☐ Gerontological CNS
- ☐ Medical-Surgical CNS
- ☐ OB-Gyn / Women's Health Care
- ☐ Palliative Care - Advanced
- ☐ Pediatric CNS
- ☐ Community /Public Health CNS
- ☐ Other Specialty CNS

51. Are you currently **working** as an Advanced Practice Nurse (APN)?

- ☐ Yes
- ☐ No

If No, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

52. Please indicate your population focus as an Advanced Practice Nurse:
(Select only one response)

- ☐ Family/Individual Across Lifespan
- ☐ Adult-Gerontology
- ☐ Neonatal
- ☐ Pediatric
- ☐ Women's Health/Gender-related
- ☐ Psychiatric-Mental Health

53. Do you provide **outpatient primary care* or outpatient mental health services** at your **principal place of work?** (Where you spend the most time providing primary care or outpatient mental health services)

**Primary Care is defined as providing first contact and continuing care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, preventive health services, and appropriate referral(s)*

- ☐ Yes
- ☐ No

If No, please go to Question 57

54. What type of care do you provide at this location?
(Check all that apply)

- ☐ Family
- ☐ Women's health
- ☐ Certified Nurse Midwife services
- ☐ Pediatric
- ☐ Adult
- ☐ Geriatric
- ☐ Mental health services
- ☐ Other

55. If you provide **primary care on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this practice location? (Do not include on-call time, administrative, teaching or research time):

_____ Number of hours

56. If you provide **mental health services on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this practice location? (Do not include on-call time, administrative, teaching or research time):

_____ Number of hours

57. Do you provide **primary care or outpatient mental health services** at your **secondary place of work**?

☐ Yes

☐ No

If No, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

58. What type of care do you provide at this second location?
(Check all that apply)

☐ Family

☐ Women's health

☐ Certified Nurse Midwife services

☐ Pediatric

☐ Adult

☐ Geriatric

☐ Mental health services

☐ Other

59. If you provide **primary care on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this second practice location? (Do not include on-call time, administrative, teaching or research time)

_____ Number of hours

60. If you provide **mental health services on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this second practice location? (Do not include on-call time, administrative, teaching or research time):

_____ Number of hours

Please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

UNEMPLOYED SECTION

61. Which of the following best describes your current intentions regarding work in nursing?
(Select only one response)

- ☐ Currently seeking employment in nursing
- ☐ Plan to return to nursing in the future
- ☐ I am retired/unable to return to nursing
- ☐ Definitely will not return to nursing, but not retired
- ☐ Undecided at this time

62. What factors would influence you to return to nursing?
(Check all that apply)

- ☐ I would not consider returning
- ☐ Modified physical requirements of job
- ☐ Affordable childcare at or near work
- ☐ Improvement in my health status
- ☐ Improved health care benefits
- ☐ Retirement benefits
- ☐ More or flexible hours
- ☐ Opportunity for career advancement
- ☐ Improved pay
- ☐ Shift
- ☐ Work environment
- ☐ Worksite location
- ☐ Other

Please continue to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

DEMOGRAPHIC INFORMATION

63. What is your year of birth?

_____ Enter a 4-digit year between 1915 and 1995.

64. What is your gender?

___ Female

___ Male

65. Are you of Hispanic, Latino, or Spanish ethnicity?

___ Yes

___ No

66. Which of the following would you use to describe your **primary** racial identity?
(Select the most appropriate)

___ White

___ Black or African American

___ American Indian or Alaska Native

___ Asian

___ Native Hawaiian or Other Pacific Islander

___ Two or more races

67. Please indicate languages, other than English, in which you can communicate with patients and pose questions about their condition:

___ No other languages

___ Spanish

___ Filipino, Tagalog

___ German

___ French

___ Russian

___ Hmong

___ Hindi

___ Polish

___ American Sign Language

___ Other

68. Please enter the zip code of your **primary residence**:

Zip code (if in the U.S.) _____ (5 digits only)

____ Outside of U.S.

69. If you reside in Wisconsin, please indicate the county of your **primary residence**:

____ Does not apply

Specify name of Wisconsin county: _____

***You have successfully completed the survey.
Thank you!***

Wisconsin Department of Safety and Professional Services

REGISTERED NURSE WORKFORCE SURVEY

ATTESTATION FORM

(Must Return with Paper Copy of Survey)

Name: _____ Credential #: _____
Last First MI

I attest that I have completed the enclosed workforce survey to the best of my ability as required by law. I understand that failure to provide the requested information may result in the delay of my renewal and could lead to enforcement action against my license.

Signature: _____ Date: ____ / ____ / ____

Note: This form will be retained by the Department of Safety and Professional Services as documentation that the completed survey was submitted for renewal requirement purposes. If this attestation is not completed and returned with the survey, the renewal requirement cannot be met and renewal of the license will be delayed until the attestation and complete survey are returned together.